



TENNESSEN WARNING

(Minn. Stat. 13.04, subd. 2)

Client Name: _____

All information and data collected by the Minnesota Assistance Council for Veterans is used in assessing the need, eligibility and appropriateness of your request to enter our program.

It is also used to aid in the development of your recovery plan, for progress checks and future follow-up. Failure to supply the requested information will hinder our ability to determine your appropriateness, eligibility and the planning process for entering our program.

You can refuse to supply the data, however, doing so may keep you from being accepted into our program.

You will be asked to furnish the following information:

Name	Barriers to Housing & Employment
Social Security Number	Race
Service Dates	Sex
Type of Discharge	Last residence prior to registering here
Date of Birth	Sources and Amount of Income
Physical and Mental Health	Services needed
Legal Status	Reason you are seeking assistance

All information is considered confidential by MACV and we must have a *“Release of Information/Authorization of Communication”*, signed by you, prior to releasing any information.

You may be asked to sign Release of Information/Authorization of Communication forms to the following agencies: Wilder Foundation, Veterans Administration Medical Center, State of Minnesota Department of Veterans Affairs, Veterans Administration Regional Office, Minnesota Department of Jobs and Training, Department of Labor, BCA Bureau of Criminal Apprehension (*background check*), and Probation Officer (*if applicable*). If necessary, you may be asked to sign others.

(Signature of resident/participant) Date: _____

(Signature of witness) Date: _____



Consent for the Release of Confidential Information

Client Name: _____

I, _____, authorize the following agencies to disclose /receive information related to housing and employment stability

- X Minneapolis, Saint Cloud, Souix Falls,
Fargo VA Medical Centers
- X Minnesota Assistance Council for Veterans
- X Minnesota Department of Veterans Affairs
- X MN. Department of Employment and Economic Development (DEED)

The following information:

- Veteran Eligibility
- Services provided by MDVA, DEED and/or MACV

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent expires automatically one year from the date of signing.

(Signature of resident/participant) Date: _____

(Signature of witness) Date: _____



Minnesota Assistance Council for Veterans
1000 University Ave W, Suite 10, Saint Paul MN, 55102

Consent for the Release of Confidential Information

Client Name: _____

I authorize Minnesota Assistance Council for Veterans (MACV), to disclose /receive Information from the following entity:

(Agency Name)

(Address of Agency)

The following information: _____

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent expires one year from the date of signing.

(Signature of resident/participant) Date: _____

(Signature of witness) Date: _____



Minnesota's HMIS Data Privacy Notice

We collect personal information about the people we serve in a computer system called Minnesota's HMIS (Homeless Management Information System). Many social service agencies use this computer system, including street outreach, shelters, and housing programs.

Why do we collect this information?

- To help keep this program and others like it going. We are required to use HMIS.
- So we know how many people we serve and the types of people we serve at our agency and in the state.
- So we all understand what people need and can plan services to meet these needs.

Who can see information that is in Minnesota's HMIS?

- People who work for this agency will use it to help provide services to you or your family.
- Other agencies like this agency that provide services and have received permission from you to see your information. The agencies that participate in Minnesota's HMIS may change from time to time. A copy of the current list of participating agencies is available upon request.
- Auditors or funders who have legal rights to review the work of this agency, such as the U.S. Department of Housing and Urban Development and other state or local government entities.
- Organizations that run, administer, and work on the system, such as the Institute for Community Alliances or Local System Administrators. When these organizations work on the system, they may see information about you.
- People using HMIS information to do research and write reports, including, but not limited to, the Minnesota Department of Human Services (DHS). Your personally identifiable information will **never** appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others as required by law.
- Others as required by law, including officials with a valid subpoena, warrant, or court order. We will not release your information for any other use unless you permit us in writing.

How is your privacy protected?

- All users of data must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements.

What are your rights?

- **If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker.** This agency will **not** refuse to help you for denying this. However, federal and state regulations may require limited data collection for funding purposes.
- You have the right to request a copy of the Minnesota's HMIS information about you.
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form.



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Consent for the Release of Confidential Information

Client Name: _____

I authorize Minnesota Assistance Council for Veterans (MACV), to disclose /receive Information from the following entity:

Equifax Information Services, LLC

(Agency Name)

Po Box 740256, Atlanta GA, 30374-0256

(Address of Agency)

The following information:

Payroll Data Via Work Number Verification Services

FOR:

Employment Income Verification

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent expires one year from the date of signing.

(Signature of resident/participant)

Date: _____

(Signature of witness)

Date: _____



CLIENT PARTICIPANT AGREEMENT

Participant Agreement

Participants in the MACV program agree to:

- Complete an initial assessment with my assigned case manager and provide documentation as needed to confirm eligibility and assess service recommendations
- To provide needed information to the best of my ability
- To actively participate in the development and follow through of my service plan
- Work collaboratively with my case manager(s) and other MACV staff to maintain my stability
- Meet regularly in person, over the phone, or virtually with my case manager

Without my communication and participation in an individual's plans, MACV may be unable to continue to provide services or financial assistance. If an individual acts in a violent or threatening manner towards staff or other clients or partners, staff reserves the right to end services with that individual.

When services end, MACV will openly explain the reason. If past participant's situations change, services may be re-opened contingent upon case openings, program eligibility, and previous reasons for discharge.

Grievance Procedure

I understand that as a participant or applicant to MACV services I have a right to appeal a MACV decision to not provide or not continue to provide services. If I feel that a decision to deny an assistance request has been made incorrectly based upon inaccurate information, or without looking at the entirety of my situation, I may appeal that decision. Informal methods of resolving complaints or grievances are encouraged. The most effective resolution of problems is talking to those involved. When verbal methods of solving disputes are unsuccessful, a formal grievance process may be started. All complaints or grievances are to be handled quickly and without threat of disciplinary action and/or revenge against anyone using or participating in the process.

1. A complaint or grievance is first addressed verbally with the Veterans case manager.
2. If the complaint or grievance is not resolved, the Veteran must then submit their grievance in writing, if possible, to the MACV case manager and their immediate supervisor. The immediate supervisor has five business days from the receipt of the complaint or grievance to respond. You may request a meeting with the supervisor as well. The MACV case manager must document the grievance, response, and outcome in the case record. If the complaint or grievance is resolved at this level, no further action is necessary.
3. If there is still no satisfactory resolution, you may submit your complaint or grievance to MACV's Chief Operating Officer (COO). The COO will investigate the concern and give you a final response within 5 business days after receiving your complaint or grievance.

Grievance contact information:

Email: macv@mac-v.org

Call: 888-222-6228 and ask to speak to a Regional Leader regarding an appeal

Mail: MACV 1000 University Ave W, Suite #10, St. Paul, MN 55104

Participant Rights

As a participant in MACV programming, you have the right to respectful and dignified services. This includes the right to

- Refuse to provide any requested information. This however may impact our ability to provide services.
- Participate in the development of your plan.
- Have special arrangements made if you do not speak English, or have problems communicating.



Participant's Rights Continued

- Receive polite and respectful communication, including direct communication with MACV, and communication with and between approved partners, regarding my situation.
- Receive proper recommendations and plans based on your needs.
- Know your case manager and other staff working with you by name, business address, business telephone number, and area of specialty.
- Know the identity of any outside provider from whom you may receive services arranged by us.
- Be free from maltreatment.
- Have your privacy respected about your history, current situation, stability plan, and participation in MACV programs.
- Have your personal records and information kept private and stored securely.
- Receive answers to your questions and requests.
- Speak out freely, without suffering consequences, about problems in our facilities or programs.
- Suggest changes.
- Know the grievance procedure for our programs.
- Receive a written response if you ask for one.
- Obtain a copy of your MACV record. Usually this includes information regarding your program and services, but not case notes. To inspect a copy of your record, you must submit your request in writing to your case manager or Regional Team Leader.
- Contact available advocacy and protection services.
- Not be asked to do any favors, labor, or provide any benefit to any staff member in exchange for services or assistance
- Secure storage of your personal information. All MACV paper records are kept in locked files in locked offices. Electronic information is stored in a password protected industry standard database. Emails and electronic communication with personal identifying information is sent through encrypted email communication.
- Not have information regarding your participation in the program shared with anyone outside of MACV excepting where there is a Release of Information and have only information pertinent to care collaboration disclosed unless otherwise agreed to in writing. We may use or disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, or when otherwise legally required, including the following circumstances:
 - Pursuant to a consent for release of information signed by you
 - Pursuant to a court order
 - Pursuant to a statute authorizing release, including the Vulnerable Adult and Child Abuse reporting laws
 - To personnel within this agency and contracted staff whose work assignment requires access, including auditors

Discrimination is against the law. The Minnesota Assistance Council for Veterans (MACV) does not discriminate on the basis of any of the following: Race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, sex, political belief

If you have questions or feel that we have denied you any of these rights, talk to your case manager or program supervisor. We must give you a written response to any complaint you have, if you ask for it.

I understand and have a received a copy of this document.

Client Signature: _____ Date _____



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